

OFFICE OF THE COMMISSIONER OF INSURANCE

STATE OF LOUISIANA

P.O. Box 94214
Baton Rouge, Louisiana 70804-9214
Phone (225) 342-0860
Fax (225) 219-9322
<http://www.lidi.la.gov>

CHANGE OF ADDRESS FORM

Failure to maintain a current Mailing Address, Resident Address, and Business Address with the Louisiana Department of Insurance will result in a \$50.00 fine as stated in L.R.S. 1137G.

MAILING ADDRESS (All correspondence from the LDI will be sent to this address.)				
Name			Louisiana License Number	
New Street Address	Post Office Box	City	State	Zip Code
Original Signature of Producer			Date	

RESIDENT ADDRESS				
Name			Louisiana License Number	
New Street Address		City	State	Zip Code
Original Signature of Producer			Date	

BUSINESS ADDRESS				
Name			Louisiana License Number	
New Street Address		City	State	Zip Code
Business Phone Number ()	Business Fax Number ()	E-Mail Address		Web Site Address
Original Signature of Producer			Date	

IF YOUR LICENSE RECORD HAS BEEN FLAGGED FOR AN INVALID ADDRESS, THE \$50.00 FINE MUST BE SUBMITTED WITH THIS CHANGE OF ADDRESS FORM.

L.R.S. 22:1137G Every licensee shall notify the commissioner, by any means acceptable to the commissioner, of any alteration in his/her residential, mailing, or business address within ten days of the alteration. Failure to file an address change within the required time shall result in the imposition of a fifty-dollar penalty per violation, or as may be authorized by R.S. 22:1078. Any person against whom a penalty has been levied shall be given due notice of such action. Upon receipt of this notice, the licensee may apply for and shall be entitled to a hearing.